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CONTRACEPTIVE LOGISTICS SYSTEM ASSESSMENT PARAGUAY

Ministry of Public Health & Welfare,
Department of Reproductive
Health & Family Planning

Summary of Findings

Submitted by:

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**Appendix A: Samples of Questionnaires Administered During Site Visits with a
Summary of the Tabulated Data**

I. INTRODUCTION

A contraceptive logistics system assessment for the Paraguayan Ministry of Health's Department of Reproductive Health & Family Planning was conducted by FPLM Advisor David Papworth in late August - early September 1996. Over the course of a three week period, three assessment instruments (one each for Health Regions, Regional Supply Depots and Hospitals/Health Centers/Health Posts) were designed, pilot tested in Asuncion, and then used in interviews to gather logistics information during site visits to seven Health Regions around the country. Following the initial pilot testing, the questionnaire for Regional Supply Depots was incorporated into the Health Region questionnaire.

The author was accompanied by three different Ministry of Health staff members over the course of the assessment, including the national Director of the Family Planning Program. In addition, FPMD Resident Advisor for Paraguay, Michael Hall, and UNFPA Regional Technical Advisor José García Núñez also accompanied the author during several of the regional site visits.

II. BACKGROUND

Paraguay is divided into 18 Health Regions, although approximately 97% of the population lives in 15 Eastern regions. Of those 15 regions, seven were visited during the assessment. They are:

Asunción	Central
Caaguazú	Itapúa
Alto Paraná	Concepción
Amambay	

These seven regions contain approximately 68% of the total population of the country, and were chosen to provide a cross-section of both urban and rural areas. In addition to the seven regional offices, 12 service delivery points were visited, including two hospitals, four health centers and six health posts. Nationwide, there are currently 19 hospitals, 146 health centers and 494 health posts in operation.

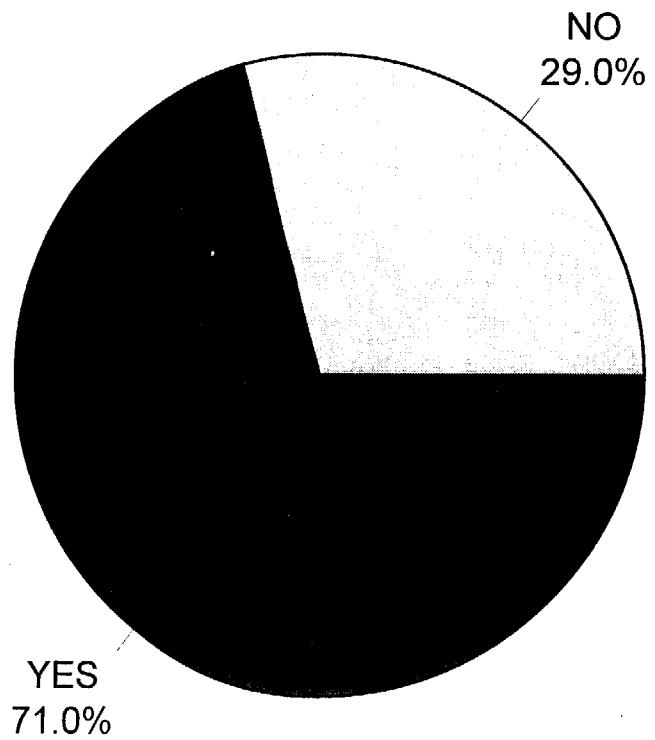
It is important to note that the sites visited were not randomly selected, nor were a large number of facilities visited (a total of 19, including both health regions and service delivery points). Therefore, the information presented in this report should not be considered statistically valid. Rather, this report is intended to provide an overview and "snapshot" of the current status of the MOH contraceptive logistics system.

II. RESULTS AND FINDINGS

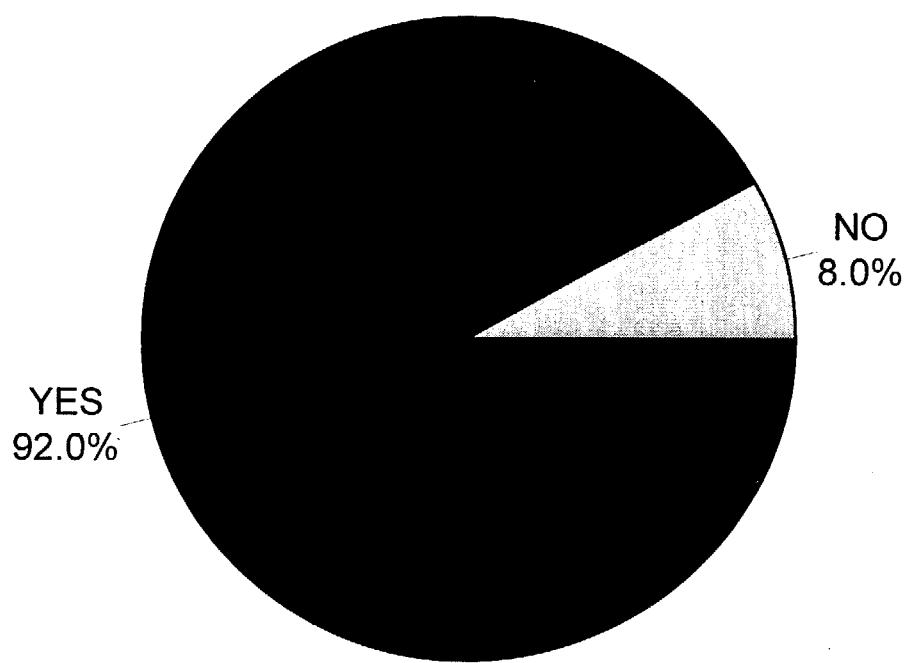
The following graphs represent, in visual form, the results and findings of the assessment.

RESPONDENTS INDICATING KNOWING THE AVERAGE MONTHLY CONSUMPTION

2

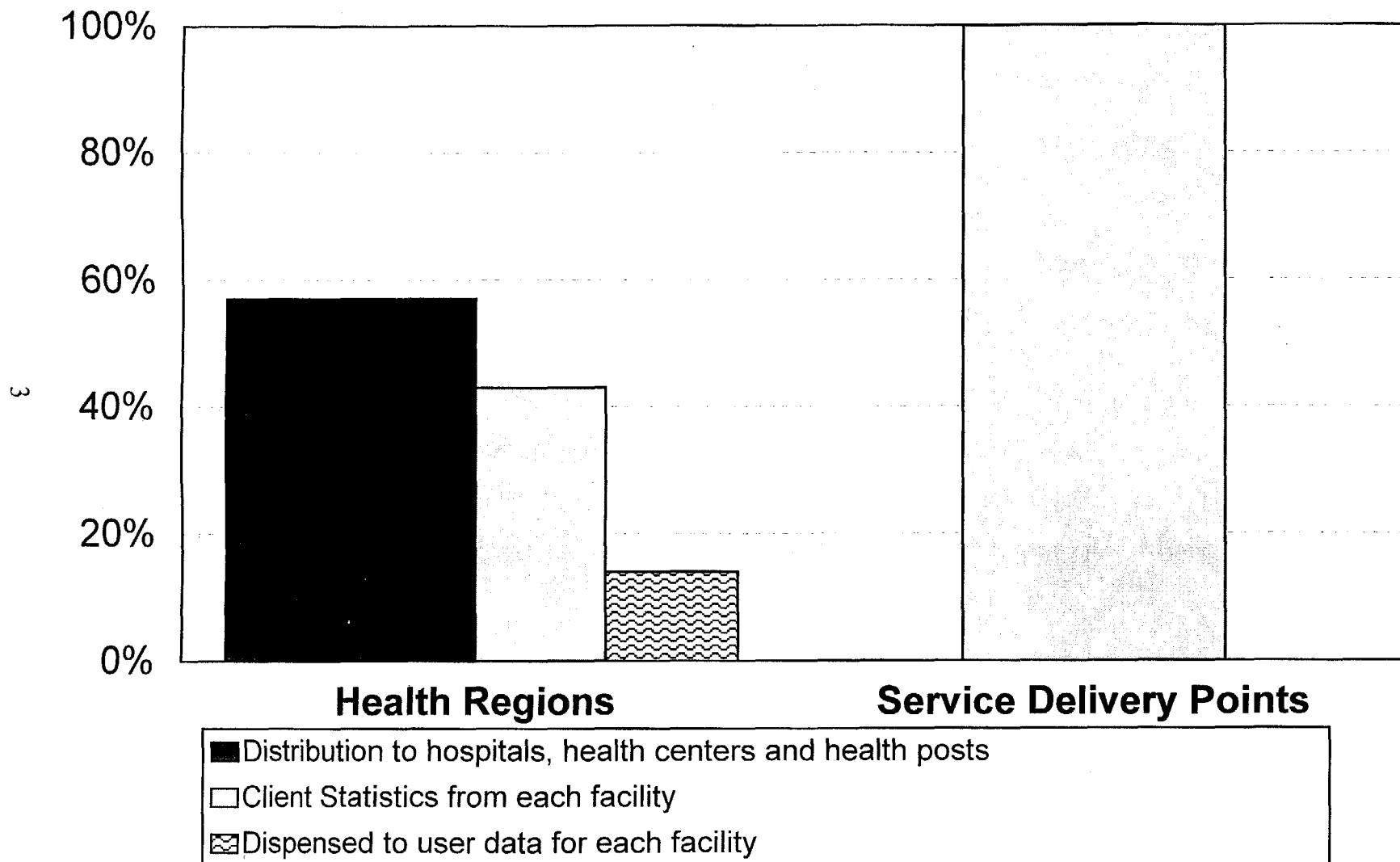


Health Regions



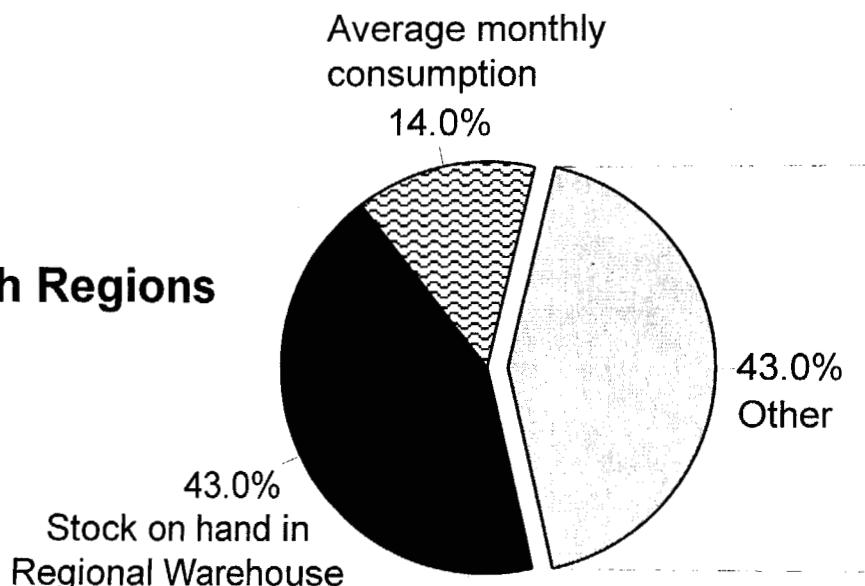
Service Delivery Points

PRINCIPAL SOURCE OF INFORMATION FOR DETERMINING AVERAGE MONTHLY CONSUMPTION

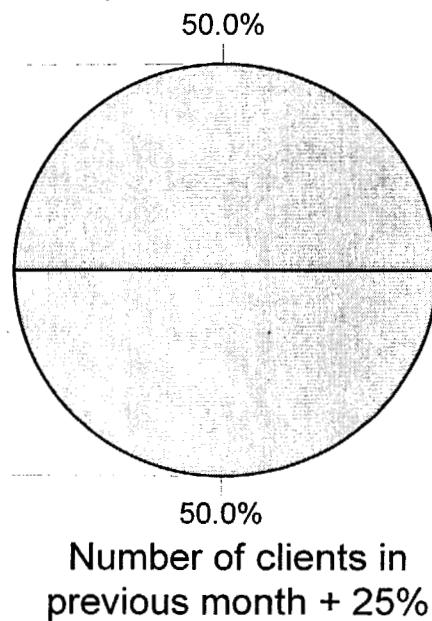


INFORMATION USED FOR CALCULATING ORDER QUANTITY

Health Regions



Number of clients in previous month

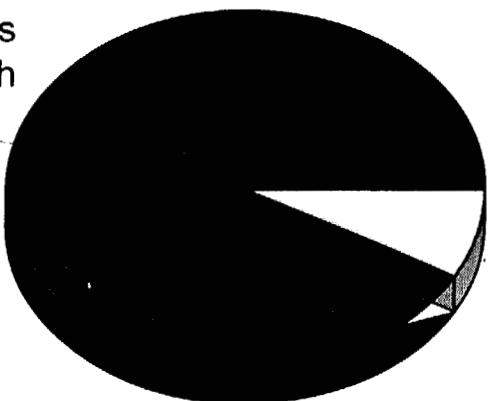


Service Delivery Points

Number of Clients in Previous Month

92.0%

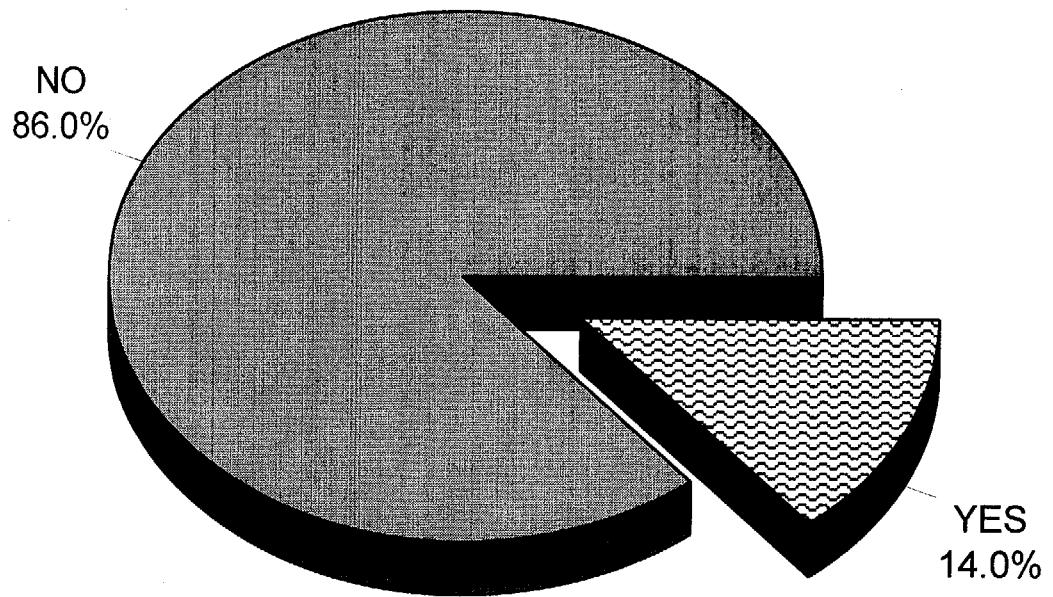
8.0%
Unknown



HEALTH REGION FINDINGS

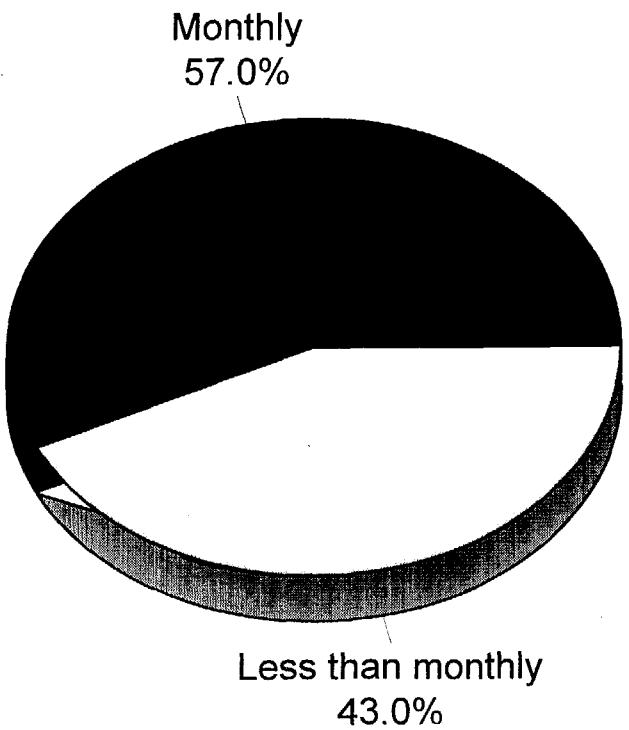
MAXIMUM AND MINIMUM INVENTORY LEVELS ESTABLISHED

9



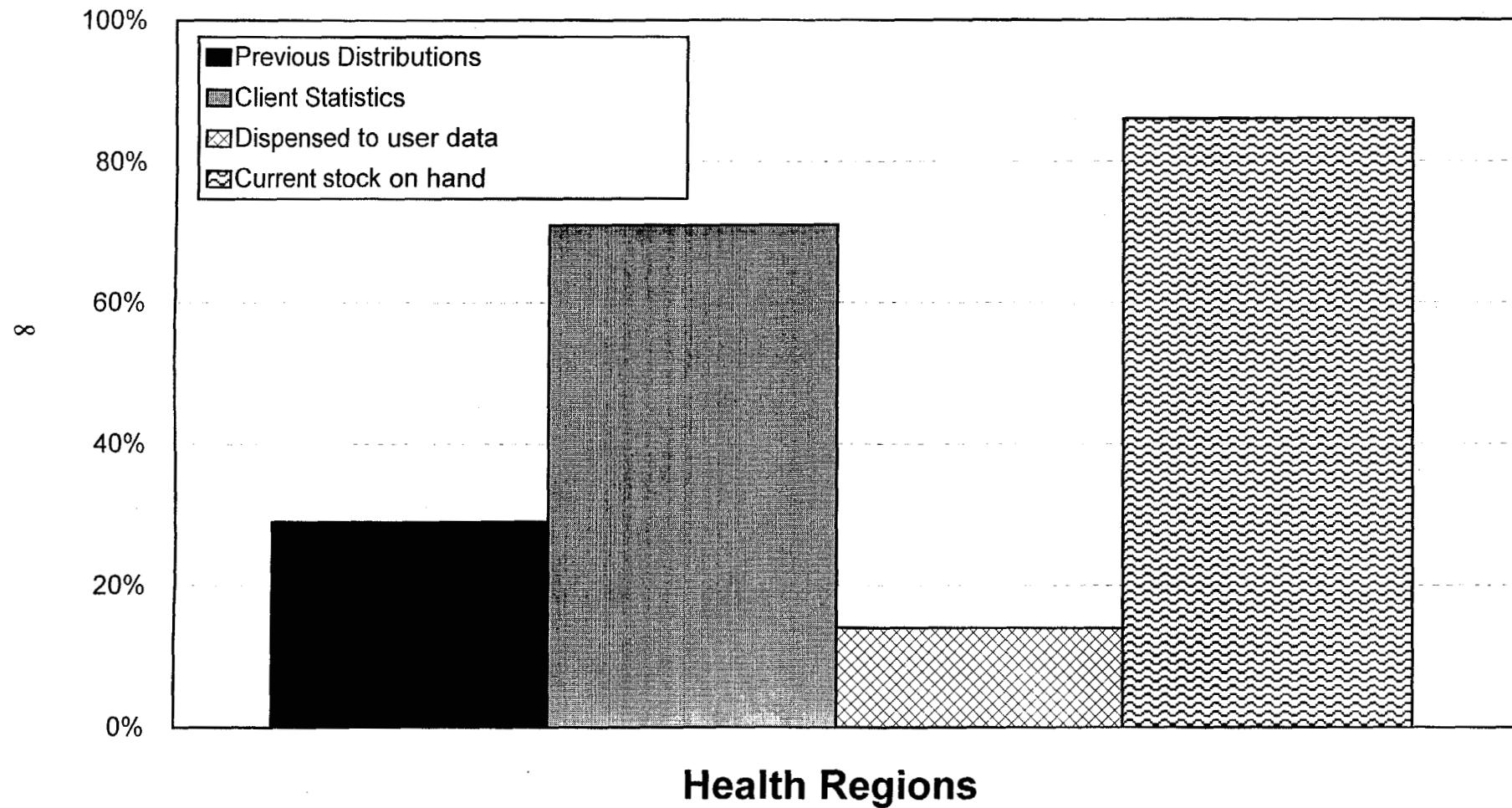
Health Regions

FREQUENCY OF CONTRACEPTIVE ORDERS PLACED TO
THE CENTRAL LEVEL

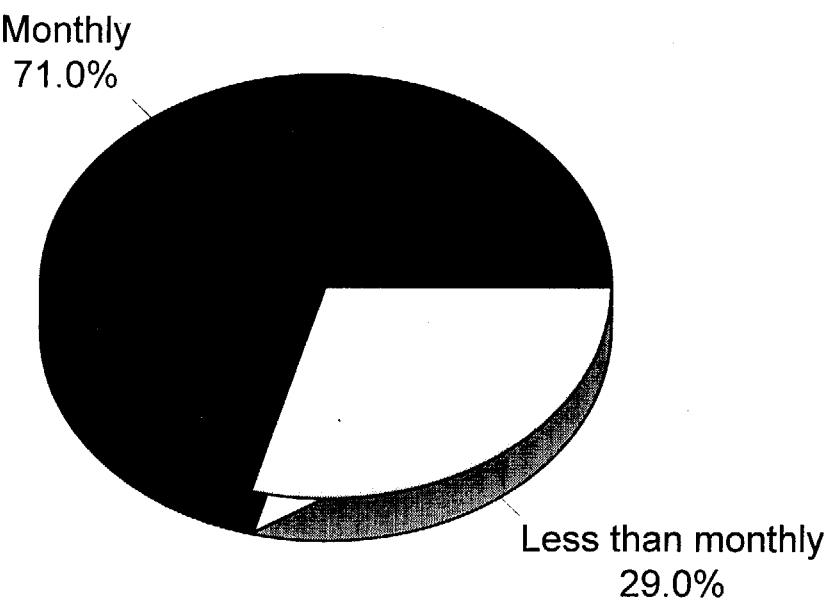


Health Regions

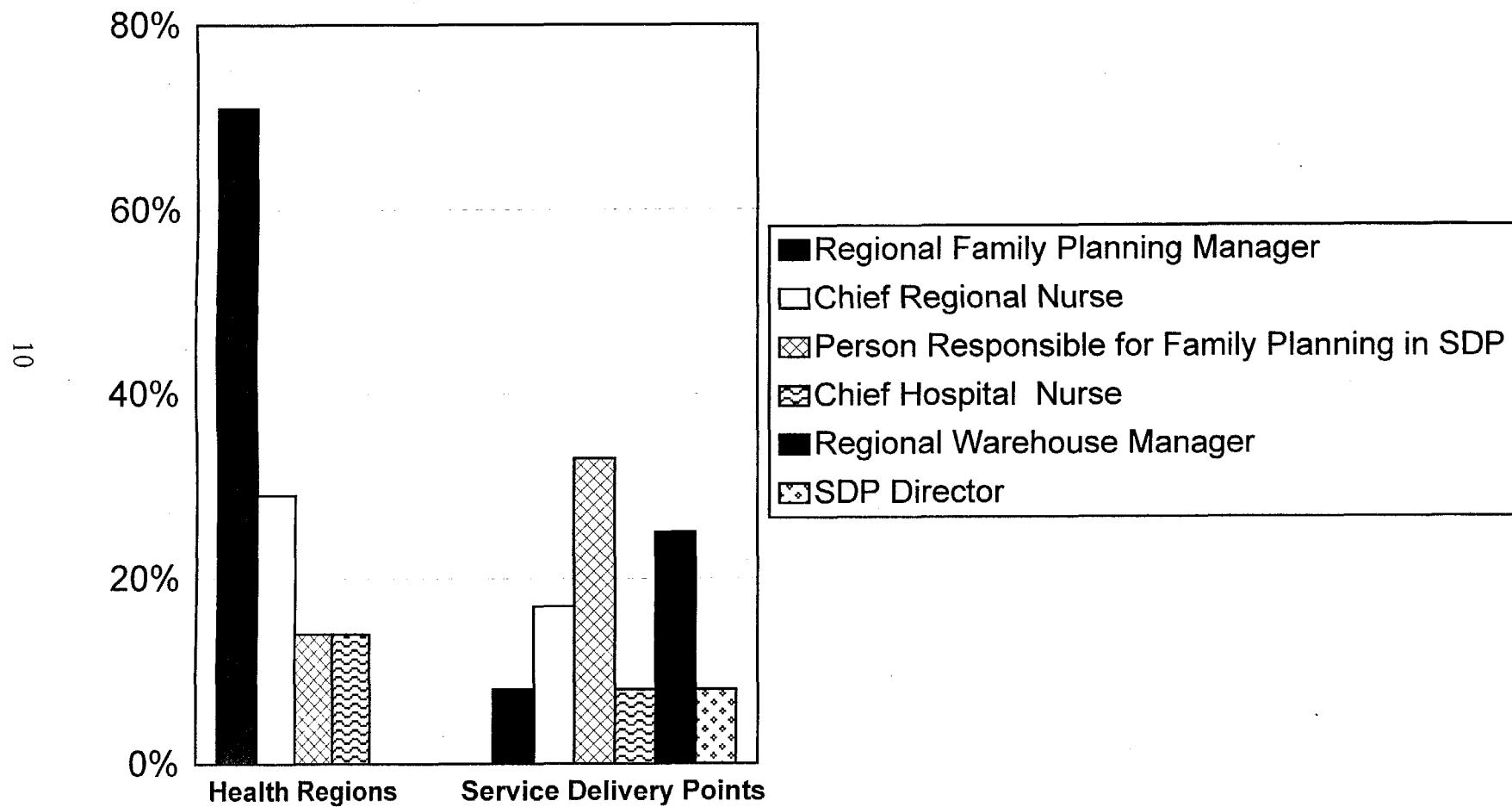
INFORMATION USED FOR DETERMINING QUANTITY TO DISTRIBUTE TO LOWER LEVELS



FREQUENCY OF DISTRIBUTIONS TO LOWER LEVEL

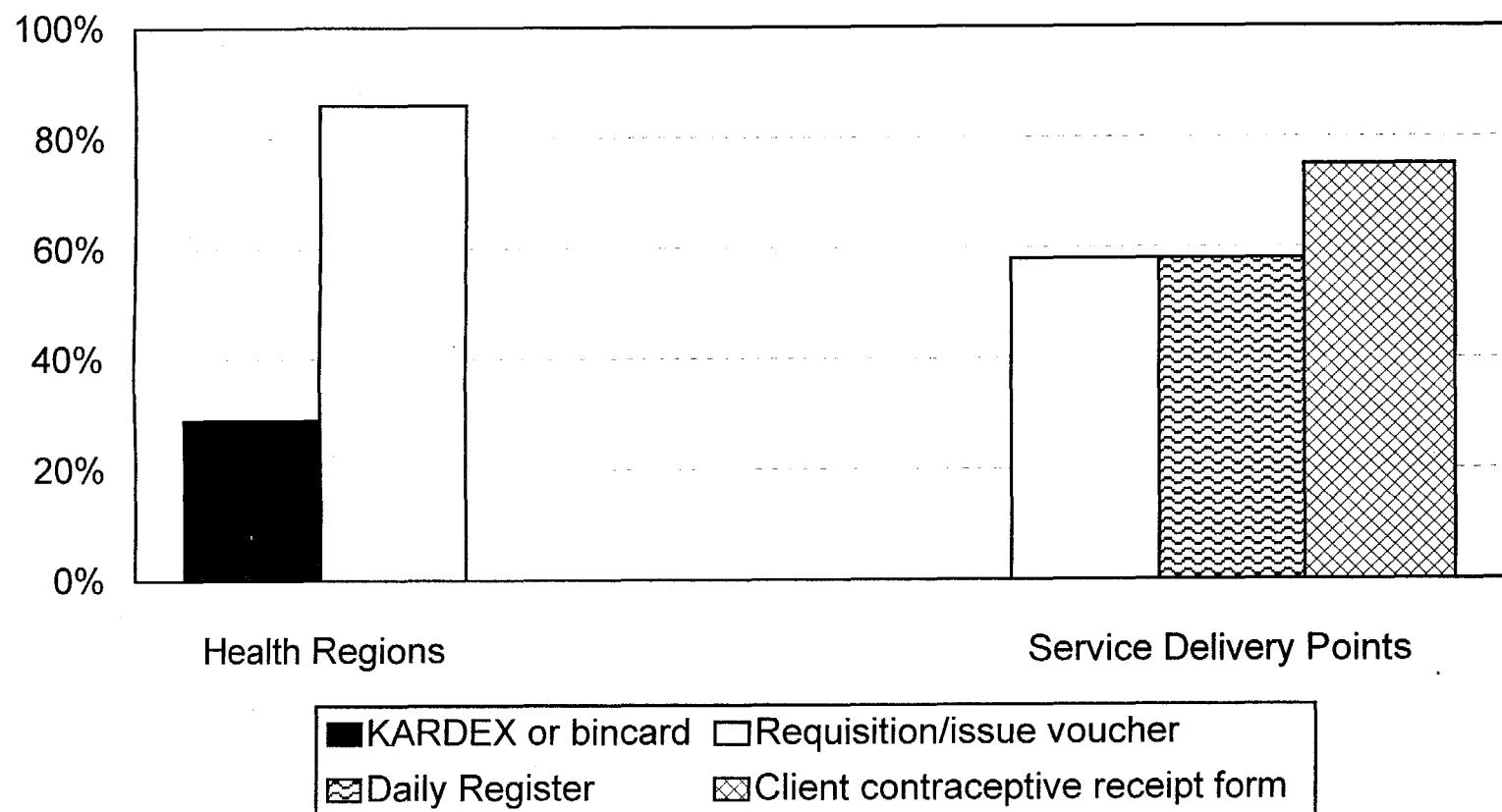


RESPONSIBILITY FOR DETERMINING THE QUANTITY OF CONTRACEPTIVES TO BE DISTRIBUTED

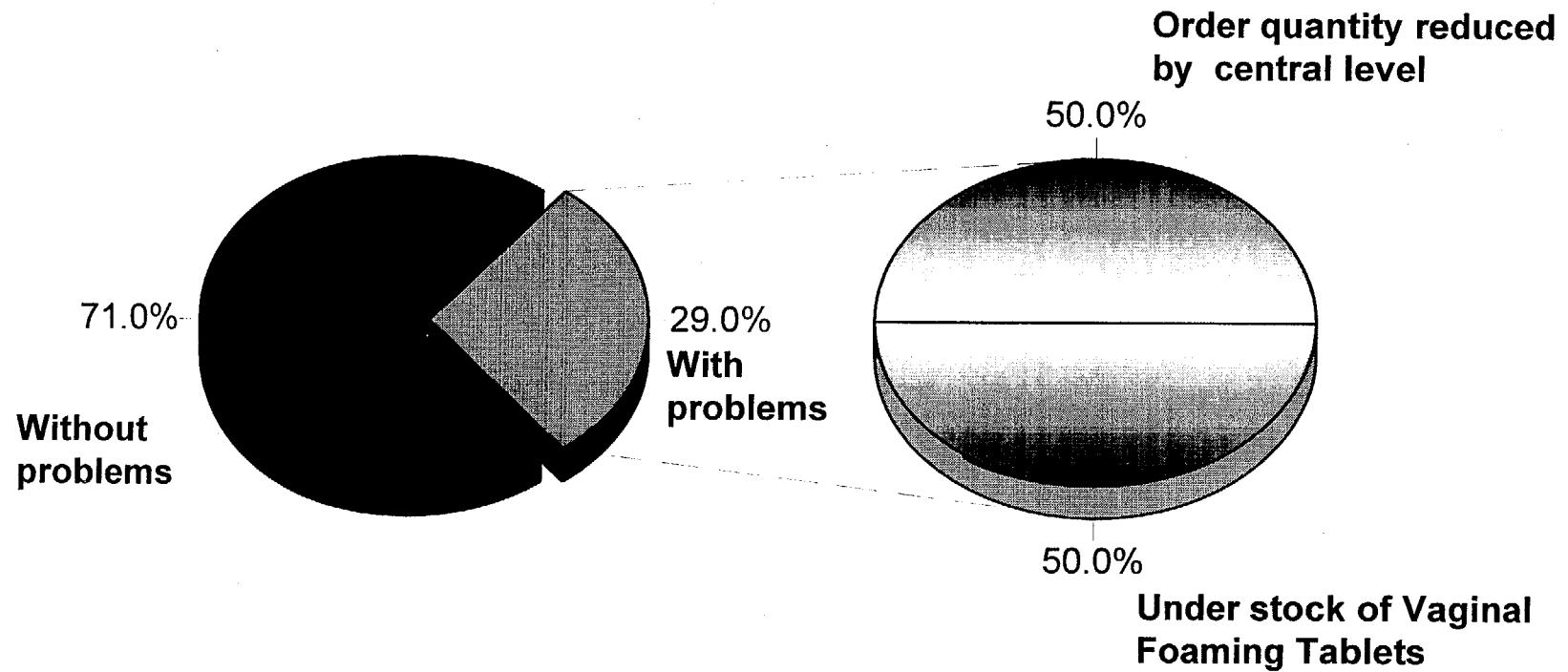


FORMS USED TO TRACK AND/OR REPORT CONTRACEPTIVE MOVEMENTS

II



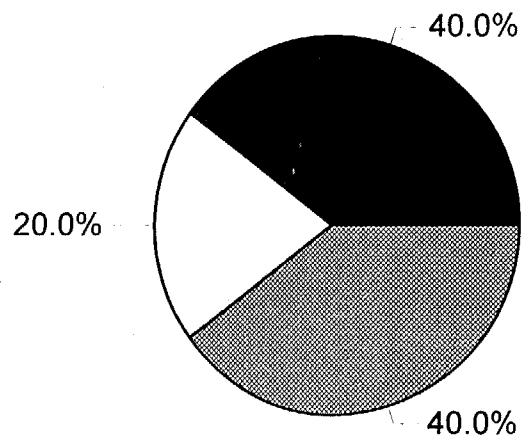
TYPES OF SUPPLY PROBLEMS MENTIONED



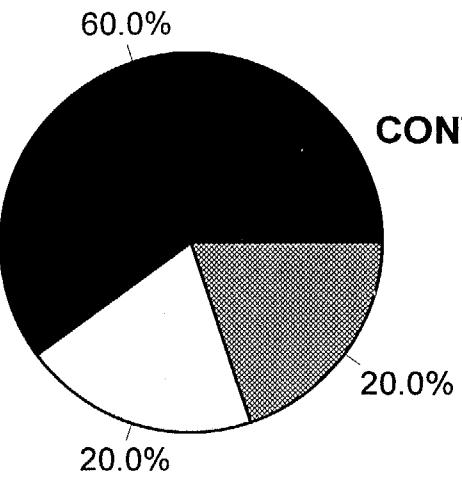
Health Regions

SUPPLY STATUS BY METHOD AT TIME OF ASSESSMENT VISITS

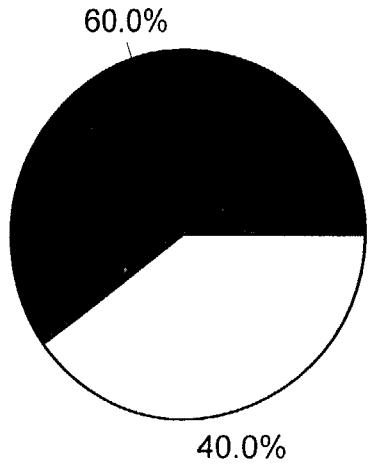
IUD



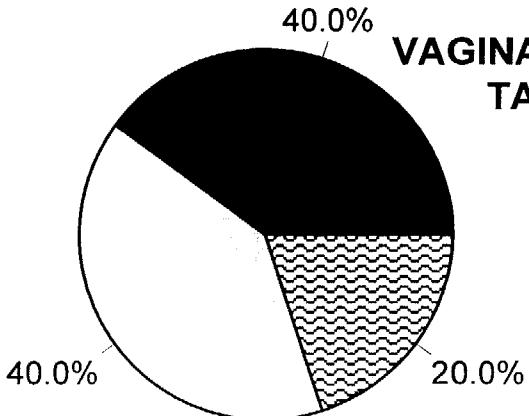
ORAL CONTRACEPTIVES



CONDOMS

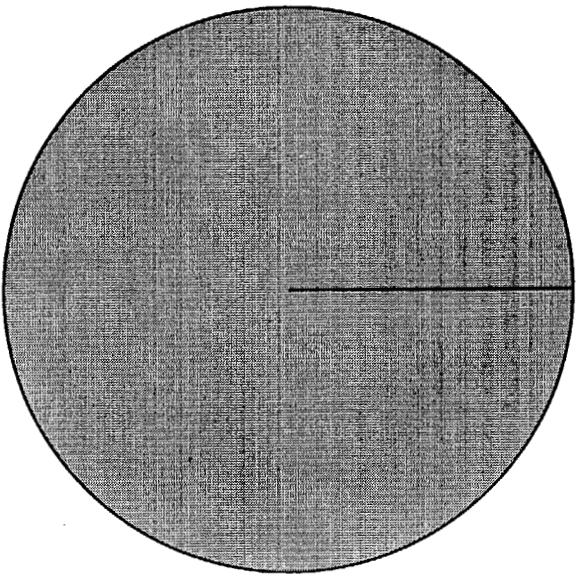


VAGINAL FOAMING TABLETS



DISTRIBUTION CRITERIA

First expiry/First out
100.0%

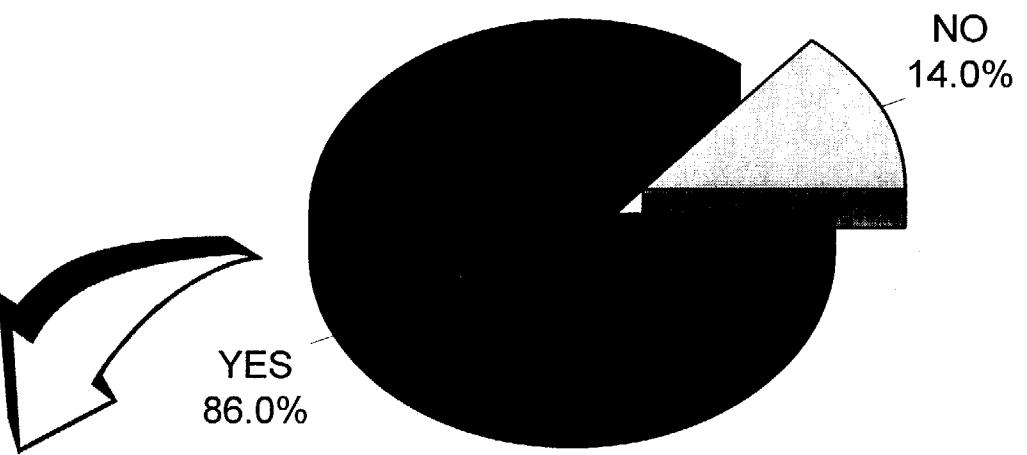


14

Health Regions

PERCENTAGE CONDUCTING PHYSICAL INVENTORY WITHIN PREVIOUS 6 MONTHS

15



INFORMATION INCLUDED IN THE PHYSICAL INVENTORY

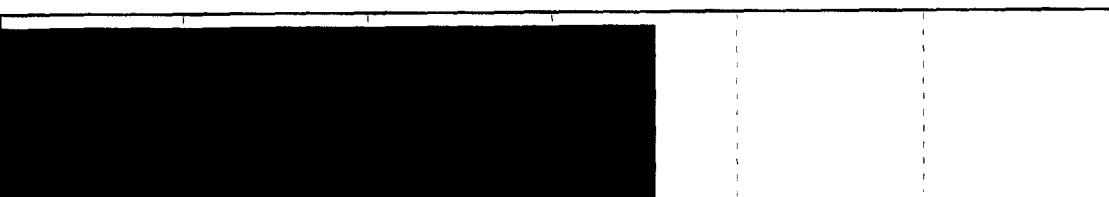
- * Stock on hand in regional storage facility → 86 %
- * Stock on hand in SDPs → 43%

Health Regions

TYPE OF INSPECTION CARRIED OUT ON RECEIPT OF CONTRACEPTIVES

16

Visual inspection to verify that the boxes are received in good condition



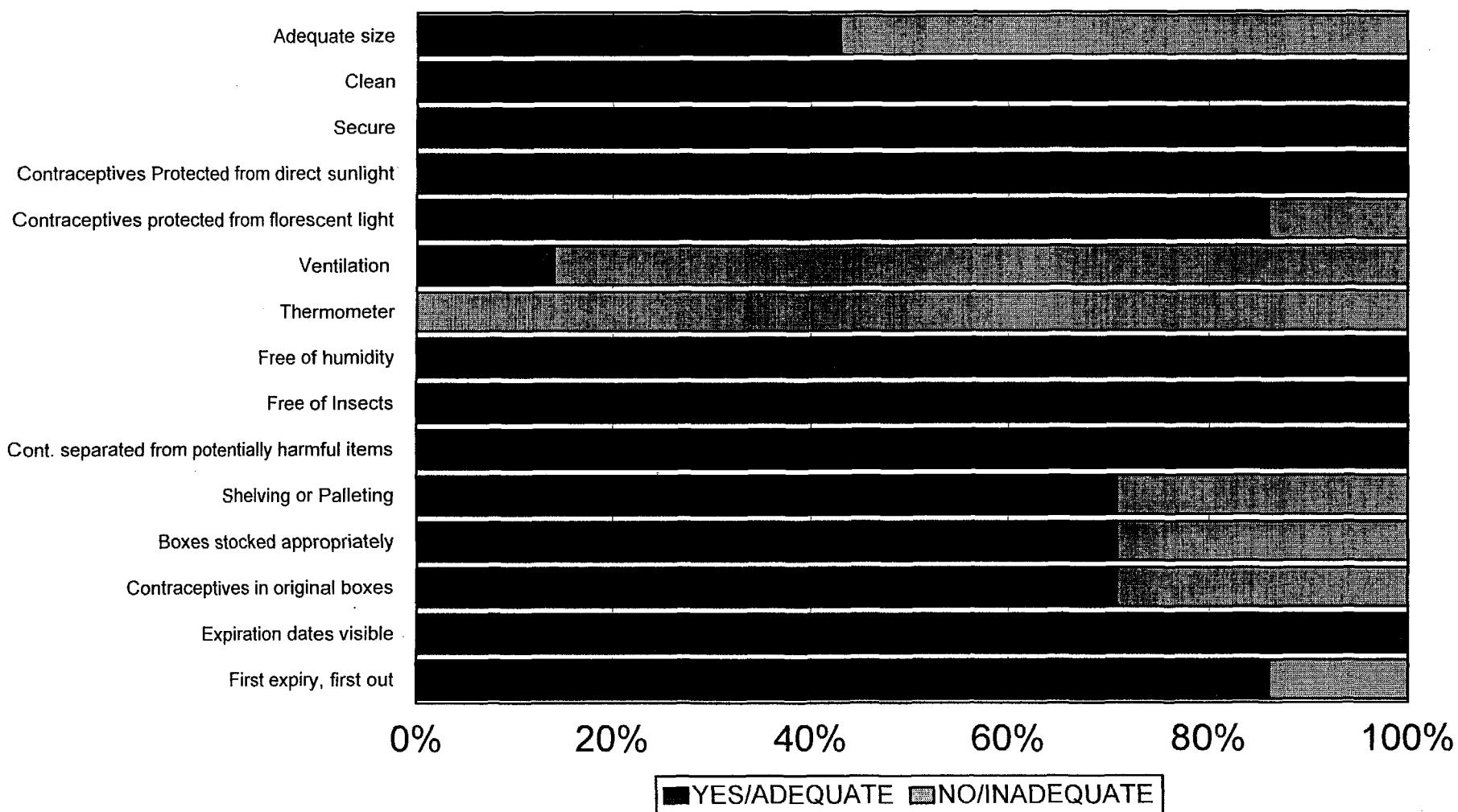
Visual inspection to verify that contraceptives are in good condition

Verification that contraceptives are not expired or about to expire

Physical count to verify the quantity of contraceptives received

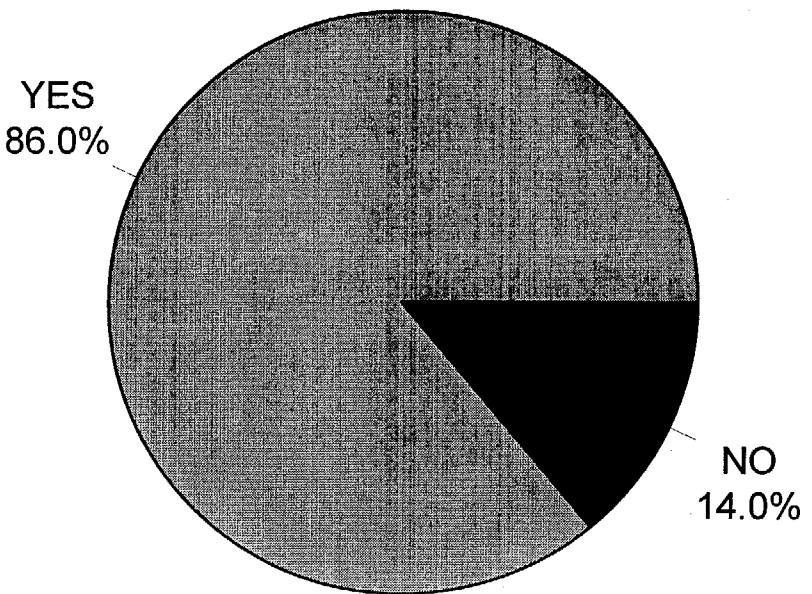
0% 20% 40% 60% 80% 100% 120%

STORAGE CONDITIONS



RESPONDENTS INDICATING HAVING RECEIVED A SUPERVISORY VISIT FROM THE CENTRAL LEVEL WITHIN THE PREVIOUS 6 MONTHS

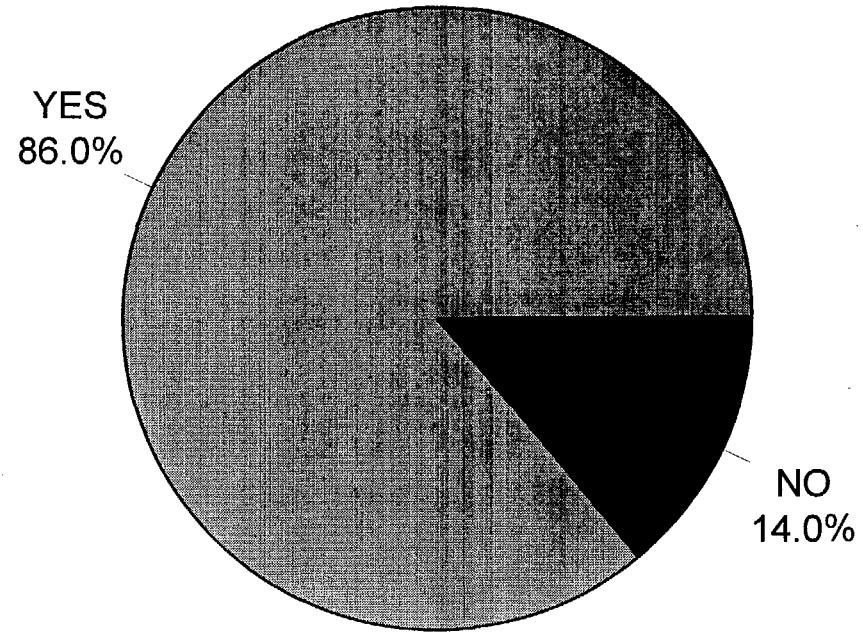
8



Health Regions

RESPONDENTS INDICATING HAVING CONDUCTED SUPERVISORY VISIT TO THE SDP LEVEL WITHIN PREVIOUS 6 MONTHS

19

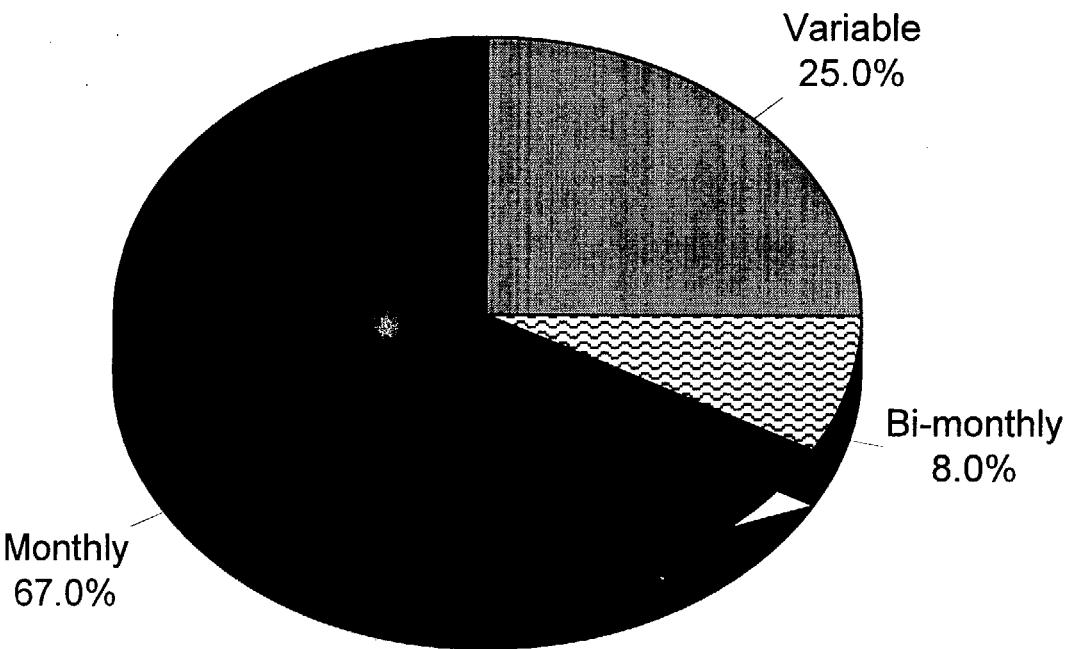


Health Regions

Note: 100% of SDP respondents indicated having received a supervisory visit from the regional level within the previous 6 months.

SERVICE DELIVERY POINT FINDINGS

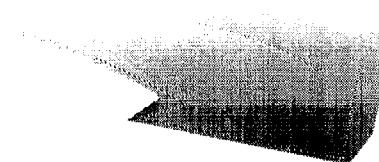
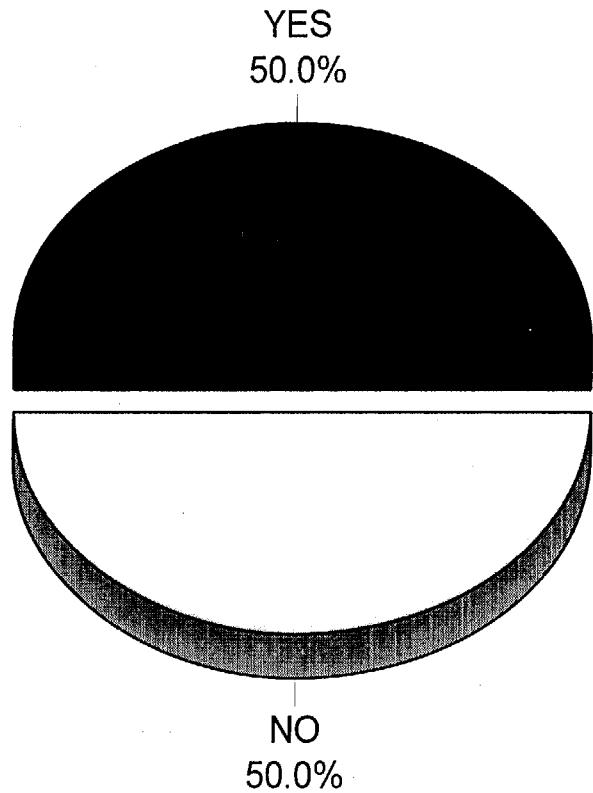
FREQUENCY OF CONTRACEPTIVE ORDERS RECEIVED FROM REGIONAL LEVEL



Service Delivery Points

RESPONDENTS INDICATING ONE OR MORE STOCK OUTS WITHIN THE PREVIOUS 6 MONTHS

22



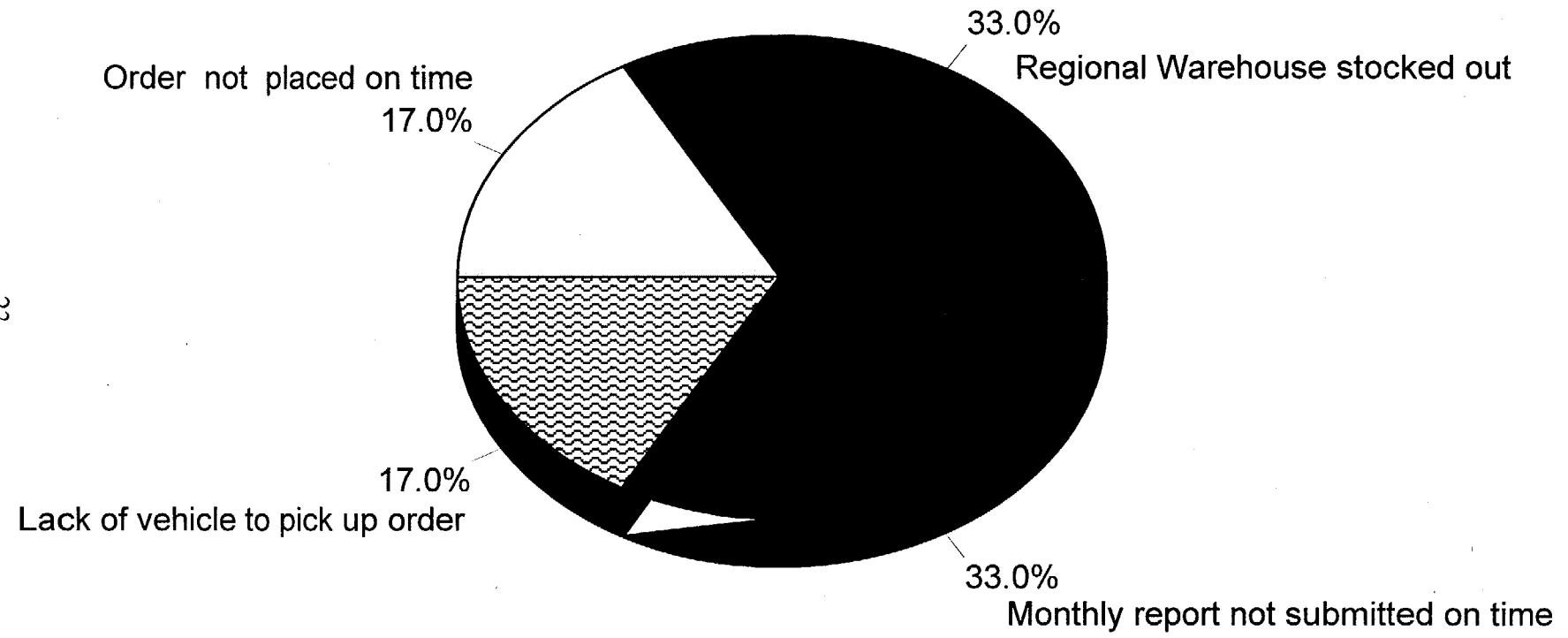
METHODS

- | | |
|---------------------------|-------|
| - IUDs | → 33% |
| - Condoms | → 17% |
| - Vaginal Foaming Tablets | → 50% |

Service Delivery Points

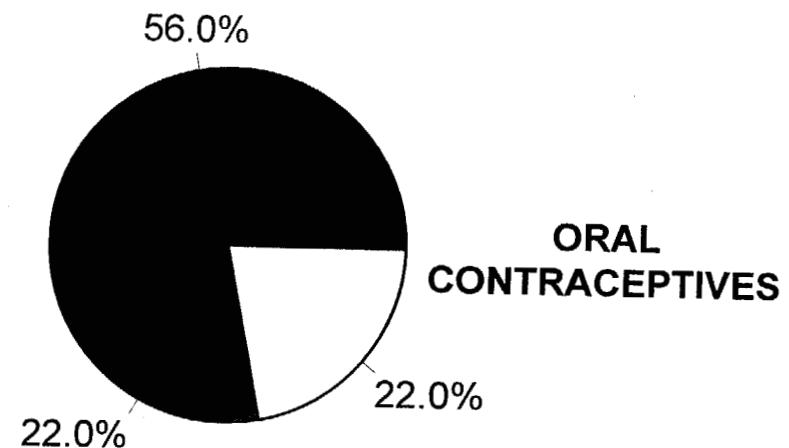
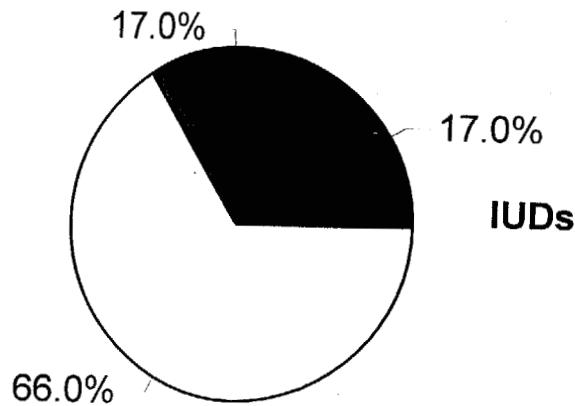
REASON INDICATED FOR STOCK OUT

23



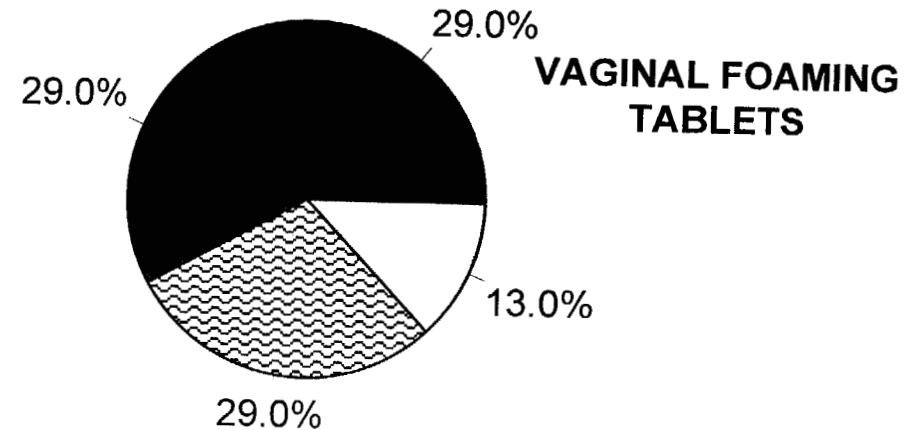
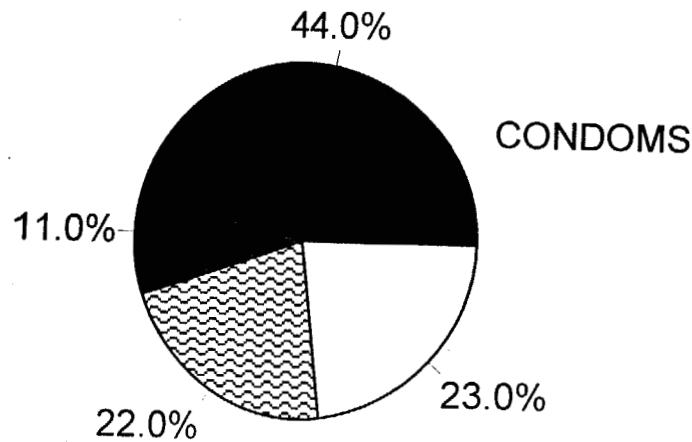
Service Delivery Points

SUPPLY STATUS BY METHOD AT TIME OF ASSESSMENT VISITS



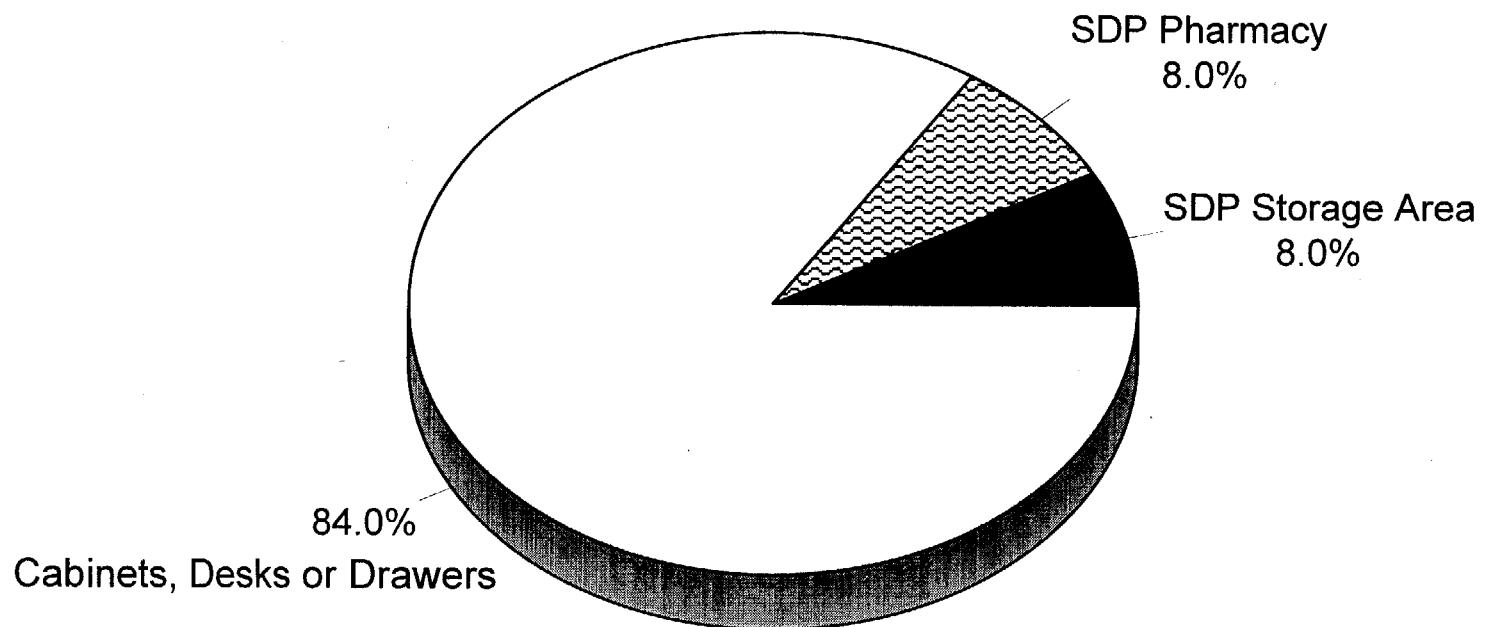
24

■ <1 Month ■ >3 Months □ >1 and <3 Months ■ Stocked Out

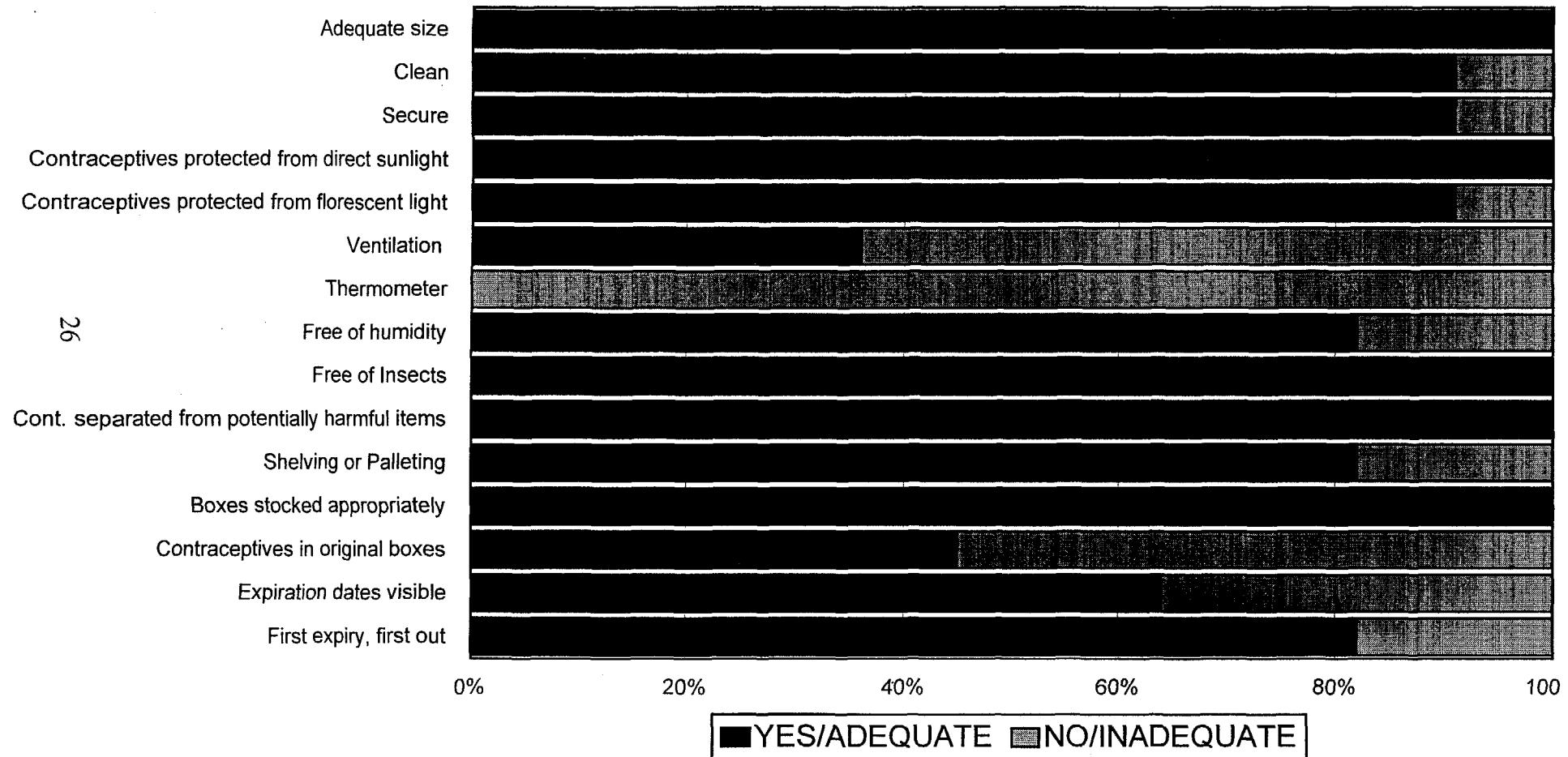


Service Delivery Points

WHERE CONTRACEPTIVES ARE STORED



STORAGE CONDITION



III. CONCLUSIONS AND RECOMMENDATIONS

Forecasting

Conclusion: Annual consumption forecasts are not prepared at the regional level.

Conclusion: The central level is able to prepare basic estimates, however, these estimates are based on the number of patients served, not on real consumption (dispensed to user) data.

Recommendation 1: FPLM technical assistance to the MOH and UNFPA should attempt to incorporate annual forecasting activities into overall program management at the central level. Forecasting training should be included in the logistics management workshops anticipated for priority regions.

Distribution

Conclusion: No formal maximum/minimum inventory control system exists.

Conclusion: SDPs are usually resupplied on a monthly basis. Supplies sent from the regional level are based on the number of patients served in the previous month, plus a percentage (usually 20-25%) for expected increase.

Conclusion: Some SDPs appear to be overstocked, although in other cases, they experience stock-outs at the end of the month just prior to being resupplied.

Recommendation 2: A maximum/minimum inventory control system should be introduced in priority regions. FPLM should assist the Ministry in establishing adequate maximum and minimum stock levels. Appropriate program personnel should be trained in managing a max/min system.

Warehousing & Storage

Conclusion: The central level storage facility is temporary and inadequate.

Recommendation 3: Contraceptive commodities should be moved to the Ministry's central warehouse.

Conclusion: Storage facilities and conditions at the regional and SDP levels appear to be sufficient for the volume of supplies currently being managed.

Conclusion: Storage facilities appear to be following first expiry/first out procedures.

Recommendation 4: Logistics supervision should verify that regional and SDP level storage facilities remain adequate and continue to observe proper storage policies and practices.

Logistics Management Information System

Conclusion: Consumption (dispensed to user) data is gathered at the SDP level, but is not sent up the system to the regional and central levels. Logistics decisions are therefore made based on numbers of clients reported (by method), not using actual consumption data.

Conclusion: No form currently exists for sending consumption data up through the system.

Recommendation 5: A form for reporting dispensed to user data from the SDP level to the regional level and from the regional level to the central level should be designed and introduced in the priority regions. Appropriate MOH staff should be trained in its use.

Conclusion: The majority of sites visited do not appear to be completing the “ending stock” column on the corresponding reporting form, which makes it difficult to assess current supply status in any given service delivery point, or at the regional level.

Recommendation 6: Appropriate staff should be trained in the proper completion of forms used to collect and report essential logistics data.

Organization & Staffing

Conclusion: The family planning program is viewed by most MOH staff as a UNFPA project, as opposed to an integral component of the Ministry’s reproductive health services. Regional Family Planning Managers are UNFPA, not MOH, employees.

Conclusion: Ten (out of a total of 18) Regional Family Planning Manager positions are currently filled.

Recommendation 7: The Ministry of Health, USAID and UNFPA should jointly develop and implement a mutually-agreeable plan to integrate the UNFPA-supported family planning program into the Ministry's overall reproductive health program. The Regional Family Planning Managers should be moved over to the MOH payroll. A timetable should be developed for filling the remaining Regional Family Planning Manager positions.

Conclusion: Some logistics supervision takes place on a sporadic basis from the regional to the SDP level. Supervision does take place from the central to the regional level.

Recommendation 8: Logistics supervision training should be included in the logistics management training anticipated for priority regions.

Conclusion: The MOH family planning supervision form does include some logistics information, although it is not sufficient to enable adequate supervision of the logistics system and is not used in all regions.

Recommendation 9: The family planning supervision form should be revised and updated to include information necessary for adequate supervision of the logistics system.

APPENDIX A

**Samples of Questionnaires Administered During Site Visits
with
Summaries of the Tabulated Data**

DIAGNOSTICO DEL SISTEMA LOGISTICO DE ANTICONCEPTIVOS

MINISTERIO DE SALUD
PARAGUAY

CUESTIONARIO PARA REGION SANITARIA

N = 7

Región: _____ | | |

Fecha de aplicación: Día|_|_| Mes|_|_| Año|_|_|

Nombre del entrevistado: _____

Cargo: _____

1. ¿Sabe usted cuál es el consumo mensual promedio de insumos (material anticonceptivo) en su región sanitaria?

(1)	Sí	71%
(2)	No	29%

Pase a la pregunta 4

2. ¿Cuál es el consumo mensual promedio de insumos según método en toda la región?

(1) Dispositivos intrauterinos	_____
(2) Rigevidon/Lofemenal	_____
(3) Depo-Provera	_____
(4) Condones	_____
(5) Neo Sampoo	_____

Periodo utilizado en el análisis de consumos: _____

3. ¿Cuál es la principal fuente de información que utiliza para conocer el consumo mensual promedio de insumos en la región?

(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

(1) Distribuciones a hospitales, centros y puestos de salud	57%
(2) Informes del número de usuarios de cada unidad	43%
(3) Informes de las cantidades entregadas a usuarios de cada unidad	14%
(4) Otra _____ (especifique)	0%

4. ¿Cuál es la razón por la que no se cuenta con el dato del consumo mensual promedio en la región?

- (1) Porque no sabe como calcularlo
- (2) Porque no cuenta con la información necesaria
- (3) Otra _____

(especifique)

100%

5. ¿Tienen niveles máximos y mínimos de existencias de insumos que tratan de mantener en los diferentes niveles administrativos del programa (regional y unidades)?

- (1) Sí
- (2) No

Pase a la pregunta 7

14%

86%

6. Indique los niveles de existencias mínimos y máximos que tienen:

Nivel Administrativo	Nivel mínimo (en meses)	Nivel máximo (en meses)
Regional		2
Hospital		1
Centro de Salud		1
Puesto de Salud		1

7. ¿Qué tipo de problemas ha tenido en los últimos seis meses con respecto al abastecimiento de insumos?

(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

- (1) Ninguno
- (2) Desabasto de algunos métodos
- (3) Sobreabasto de algunos métodos
- (4) Otro (pedido reducido por el nivel central)
(subabasto de tabletas vaginales)

Pase a la pregunta 9

71%

0%

0%

14%

14%

8. En qué tipo de anticonceptivos se tuvieron problemas de desabasto o sobreabasto en los últimos seis meses?

Método Anticonceptivo	Sobreabasto	Desabasto Total
Dispositivos intrauterinos		
Rigevidon/Lofemenal		
Depo-Provera		
Condón		
Neo Sampoo		

9.	¿Con qué periodicidad pide insumos del nivel central?	
	(1) Mensual	57%
	(2) Bimensual	14%
	(3) Trimestral	0%
	(4) Semestral	0%
	(5) Es variable	0%
	(6) Otra (cada 1½ meses)	14%
	(cada 2-3 meses)	14%
10.	¿Ha realizado algún pedido de insumos en los últimos seis meses?	
	(1) Sí	100%
	(2) No	0%
	Pase a la pregunta 12	
11.	¿Qué tipo de información se utilizó para calcular la cantidad que pidió? <i>(Entrevistador: Señale todas las respuestas que mencione el entrevistado)</i>	
	(1) Las existencias de material en el depósito regional	43%
	(2) El consumo mensual promedio de insumos en la región	14%
	(3) La cantidad máxima deseable de material en el depósito (nivel máximo)	43%
	(4) Otro (número de usuarios en el mes anterior, mas 25%)	43%
	(número de usuarios en el mes anterior)	43%
12.	¿Con qué periodicidad se distribuye los insumos a las unidades?	
	(1) Semanal	0%
	(2) Mensual	71%
	(3) Bimensual	0%
	(4) Trimestral	0%
	(5) Semestral	0%
	(6) Es variable	0%
	(7) Otra (cada 2-3 meses)	14%
	(cada 1½ meses)	14%
13.	¿Quién determina las cantidades de insumos a distribuir a las unidades?	
	(1) El Gerente Regional de Planificación Familiar	71%
	(2) El responsable del depósito	0%
	(3) La Enfermera Jefe Regional	29%
	(4) El responsable de planificación familiar de la unidad	14%
	(5) Otro (Enfermera Jefa del Hospital)	14%

14. ¿Qué tipo de información se utiliza para determinar la cantidad de insumos a distribuir a las unidades?

(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

(1) Distribuciones anteriores	29%
(2) Informes del número de usuarios de la unidad	71%
(3) Informes de las cantidades entregadas a usuarios de la unidad	14%
(4) Cantidad solicitada por la unidad	0%
(5) Nivel máximo deseado, menos existencias	0%
(6) Existencias actuales	86%
(7) Otra _____	0%

(especifique)

15. ¿Se ha realizado algún inventario físico de insumos en los últimos seis meses?

(1) Sí	86%
(2) No	14%

Pase a la pregunta 17

16. ¿Qué tipo de información se incluyó en el inventario físico?

(Entrevistador: Marque todas las respuestas que señale el entrevistado)

(1) Existencias en el depósito regional	86%
(2) Existencias en las unidades	43%
(3) Otra _____	0%

(especifique)

17. ¿Ha recibido alguna visita de supervisión del nivel central durante los últimos seis meses?

(1) Sí	86%
(2) No	14%

18. ¿Ha realizado alguna visita de supervisión a algunas unidades durante los últimos seis meses?

(1) Sí	86%

(especifique cuales)

(2) No	14%
--------	-----

19. Si Ud. podría cambiar algún aspecto del sistema logístico de anticonceptivos, que cambiaría?

entregar anticonceptivos en lugar de tener que ir a traerlos

mejor area de almacenamiento

aumentar cantidades asignadas a la región

disminuir papelería

mejorar el llenado de formularios en los servicios

mejorar la calidad de información
recibir 3 meses de insumos del nivel central
que los servicios manden sus informes cada trimestre en lugar de cada mes

Entrevistador: *Si la región tiene un depósito regional, pase al Cuestionario para Depósitos Regionales. Si no tiene, continúe con las siguientes preguntas:*

20. ¿Qué documentos utiliza para controlar el movimiento de insumos en su armario/gabeta?
(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

(1) Tarjeta de Control de Existencias o Kardex	29%
(2) Orden de Pedido/Entrega	86%
(3) Otro _____	0%

(especifique)

21. ¿Qué tipo de revisión o de inspección se realiza al recibir los insumos?
(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

(1) Ninguna	0%
(2) Inspección visual para verificar que las cajas se reciban en buen estado	71%
(3) Inspección visual para verificar que el material se reciba en buen estado	14%
(4) Se verifica que el material no esté vencido o próximo a caducar	29%
(5) Se hace un conteo físico para verificar la cantidad recibida de material	100%
(6) Otra _____	0%

(especifique)

22. ¿Cuál es el principal criterio que utiliza para seleccionar los insumos a distribuir?

(1) De acuerdo con el número de lote	0%
(2) El primero que entra es el primero que se distribuye	0%
(3) El primero que vence es el primero que se distribuye	100%
(4) Otro _____	0%

(especifique)

23. ¿Ha vencido algún insumo en los últimos seis meses?

(1) Sí	0%
(2) No	100%

24. ¿Qué tipo de insumo se venció?

(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

- (1) Dispositivos intrauterinos
- (2) Rigevidon/Lofemenal
- (3) Depo-Provera
- (4) Condones
- (5) Neo Sampoon

Muchas gracias !

CONDICIONES DE ALMACENAMIENTO	SI	NO
TAMAÑO ADECUADO	43%	57%
LIMPIO	100%	100%
SEGURO	100%	0%
ANTICONCEPTIVOS PROTEGIDOS DE LA LUZ DIRECTA DEL SOL	100%	0%
ANTICONCEPTIVOS PROTEGIDOS DE ILUMINACION CON LUZ FLUORESCENTE	86%	14%
VENTILACION	14%	86%
TERMOMETRO	0%	100%
LIBRE DE HUMEDAD	100%	0%
LIBRE DE INSECTOS Y ROEDORES	100%	0%
ANTICONCEPTIVOS SEPARADOS DE OTROS PRODUCTOS DAÑINOS	100%	0%
ESTANTES, ANAQUELES O TARIMAS	71%	29%
CAJAS APILADAS APROPIADAMENTE	71%	29%
ANTICONCEPTIVOS EN LAS CAJAS ORIGINALES	71%	29%
FECHAS DE VENCIMIENTO VISIBLES	100%	0%
PRIMERO EN EXPIRAR, PRIMERO EN SALIR	86%	14%

Inventario Físico

Método	Inventario Físico	Inventario Registro	Vencimiento	Consumo Promedio Mensual	Meses de Existencia
Dispositivos intrauterinos					
Rigevidon/ Lofemenal					
Depo- Provera					
Condones					
Neo Sampoon					

Observaciones _____

DIAGNOSTICO DEL SISTEMA LOGISTICO DE ANTICONCEPTIVOS

**MINISTERIO DE SALUD
PARAGUAY**

CUESTIONARIO PARA UNIDADES DE SALUD

N = 12

Región: _____ | | |

Nombre de la unidad _____

- Tipo de Unidad:**
- | | | |
|----|-----------------|-----|
| 1. | Hospital | (2) |
| 2. | Centro de salud | (4) |
| 3. | Puesto de salud | (6) |

Fecha de aplicación: Día|_|_| Mes|_|_| Año|_|_|

Nombre del entrevistado: _____

Cargo: _____

1. En cuales areas o consultorios de la unidad ofrecen servicios de planificación familiar?

- | | | |
|-----|---------------------------------------|-----|
| (1) | Consultorio de planificación familiar | 50% |
| (2) | Area pos-parto | 0% |
| (3) | Servicio de atención móvil | 8% |
| (4) | Otro (consultorio general) | 58% |

2. ¿Sabe usted cuál es el consumo mensual promedio de insumos (material anticonceptivo) en esta unidad?

- | | | |
|-----|----|-----|
| (1) | Sí | 92% |
| (2) | No | 8% |

Pase a la pregunta 5

3. ¿Cuál es el consumo mensual promedio de insumos según tipo de método?

- (1) Dispositivos intrauterinos _____
- (2) Rigevidon/Lofemenal _____
- (3) Depo-Provera _____
- (4) Condones _____
- (5) Neo Sampoo _____

Periodo utilizado en el análisis de consumos: _____

4. ¿Cómo determina el consumo mensual promedio de insumos en la unidad?
(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

- (1) De acuerdo con los insumos que se le entrega a los usuarios 0%
- (2) De acuerdo con el número de usuarios 100%
- (3) Otro _____ 0%
(especifique)

5. ¿En dónde se almacena los insumos de la unidad?

- (1) En el depósito de la unidad 8%
- (2) En la farmacia 8%
- (3) En el consultorio de planificación familiar 25%
- (4) Otro (vitrina/armario) 58%

6. ¿Qué tipo de registros se utilizan en la unidad para controlar los insumos?
(Entrevistador: Señale todas las respuestas que mencione el entrevistado)

- (1) Orden de Pedido/Entrega 58%
- (2) Tarjeta de control de existencias o Kardex 0%
- (3) Libreta 0%
- (4) Informe Diario 58%
- (5) Otro (Ficha de Entrega de Insumos) 75%

7. ¿Regularmente cada cuándo se le surte insumos a esta unidad?

- (1) Es variable 25%
- (2) Cada semana 0%
- (3) Cada mes 67%
- (4) Cada dos meses 8%
- (5) Cada tres meses 0%
- (6) Otro _____ 0%
(especifique)

8. ¿Quién determina la cantidad de insumos que se le debe surtir a la unidad?
- | | |
|---|-----|
| (1) El Gerente Regional de Planificación Familiar | 8% |
| (2) La Enfermera Jefe Regional | 17% |
| (3) El responsable de planificación familiar de la unidad | 33% |
| (4) Otro (Responsable del Depósito Regional) | 8% |
| (Responsable del Centro/Puesto de Salud) | 25% |
| (Responsable de Planificación Familiar del Hospital Regional) | 8% |
9. ¿Cómo se determina la cantidad de insumos que se le surte a esta unidad?
- | | |
|--|-----|
| (1) De acuerdo con el número de usuarios reportado, mas nuevos esperados, tomando en cuenta existencias actuales | 92% |
| (2) Según la solicitud de la unidad | 0% |
| (3) De acuerdo con las cantidades entregadas a usuarios | 0% |
| (4) Otro (no se sabe) | 8% |
10. ¿Se ha quedado sin algún método anticonceptivo en los últimos seis meses?
(Entrevistador: Revisar registros de los últimos seis meses)
- | | |
|--------|-----|
| (1) Sí | 50% |
| (2) No | 50% |
11. ¿Qué tipo de insumos es el que hizo falta en la unidad?
(Entrevistador: Señale todas las respuestas que mencione el entrevistado)
- | | |
|--------------------------------|-----|
| (1) Dispositivos intrauterinos | 33% |
| (2) Rigevidon/Lofemenal | 0% |
| (3) Depo-Provera | 0% |
| (4) Condones | 17% |
| (5) Neo Sampoo | 50% |
12. ¿Cuál fue la razón por la que hizo falta dichos insumos en la unidad?
- | | |
|--|------------|
| (1) Porque no había material en el depósito de la región | 33% |
| (2) Porque no se solicitó a tiempo | 17% |
| (3) Porque se tuvo más demanda de insumos que la esperada | 0% |
| (4) Otra (falta de vehículo para traer los insumos)
(por no entregar informe mensual) | 17%
33% |

13. ¿Han vencido algunos insumos en la unidad en los últimos seis meses?

(1)	Sí	0%
(2)	No	100%

Pase a la pregunta 15

14. ¿Qué tipo de insumos venció en la unidad?

- (1) Dispositivos intrauterinos
- (2) Rigevidon/Lofemenal
- (3) Depo-Provera
- (4) Condones
- (5) Neo Sampoon

(Entrevistador: Pregunte al entrevistado si todavía tiene en existencia parte del material vencido y solicite que se lo muestren para asegurarse de que efectivamente venció el material y de que no se está confundiendo la fecha de fabricación con la fecha de vencimiento).

15. Hay algún cargo o Uds. cobran algo para los servicios de planificación familiar y/o los insumos?

(1)	No	17%
(2)	Sí	83%

16. ¿Ha recibido alguna visita de supervisión del nivel regional en los últimos seis meses?

(1)	Sí	100%
(2)	No	0%

17. Si Ud. podría cambiar algún aspecto del sistema logístico de anticonceptivos, que cambiaría?

- Mandar los insumos al servicio, en lugar de tener que ir a traerlos
- No se debe cobrar consulta a los clientes de pocos recursos
- Aumentar cantidades de DIUs disponible en los servicios
- Conseguir mas tabletas vaginales
- Añadir Depo-Provera
- Mejorar coordinación con CEPEP

Comentarios adicionales:

"Muchas gracias!"

CONDICIONES DE ALMACENAMIENTO	SI	NO
TAMAÑO ADECUADO	100%	0%
LIMPIO	91%	9%
SEGURO	91%	9%
ANTICONCEPTIVOS PROTEGIDOS DE LA LUZ DIRECTA DEL SOL	100%	0%
ANTICONCEPTIVOS PROTEGIDOS DE ILUMINACION CON LUZ FLUORESCENTE	91%	9%
VENTILACION	36%	64%
TERMOMETRO	0%	100%
LIBRE DE HUMEDAD	82%	18%
LIBRE DE INSECTOS Y ROEDORES	100%	0%
ANTICONCEPTIVOS SEPARADOS DE OTROS PRODUCTOS DAÑINOS	100%	0%
ESTANTES, ANAQUELES O TARIMAS	82%	18%
CAJAS APILADAS APROPIADAMENTE	100%	0%
ANTICONCEPTIVOS EN LAS CAJAS ORIGINALES	45%	55%
FECHAS DE VENCIMIENTO VISIBLES	64%	36%
PRIMERO EN EXPIRAR, PRIMERO EN SALIR	82%	18%

Inventario Físico

Método	Inventario Físico	Inventario Registro	Vencimiento	Consumo Promedio Mensual	Meses de Existencia
Dispositivos intrauterinos					
Rigevidon/ Lofemenal					
Depo- Provera					
Condones					
Neo Sampoon					

Observaciones _____

FPLM Technical Assistance Record

Country: Paraguay
TA Provider: David Papworth
Title/Project/Cooperating Agency: Training Advisor, FPLM, John Snow, Inc.
Dates of Visit: August 20 - September 6, 1996

Scope of Work for the Visit:

1. Conduct a nationwide contraceptive logistics system assessment for the Ministry of Health, Directorate General of Reproductive Health & Family Planning.
2. Meet with UNFPA, FPMD and other appropriate agencies to explore ways to collaborate in the provision of technical assistance to the MOH.
3. Participate in the USAID Results Package meeting.

Principal Findings; Outcomes; Accomplishments during the Visit:

The SOW was successfully accomplished during this TA visit. A series of assessment instruments were developed and pilot tested in Asunción, followed by site visits to a selected sample of health regions around the country. A combination of regional family planning offices, regional supply depots (where they existed) and service delivery points were visited during the assessment. The author was accompanied by MOH counterparts during the site visits. A report on the findings of the assessment is included as an attachment to this TA Record.

Meetings were also held with local UNFPA and UNDP representatives to explore ways to collaborate in the provision of technical assistance to the MOH family planning program. UNFPA Regional Technical Assistance Officer José García and UNFPA Country Program Officer Dr. Hugo Oddone each accompanied the author on two separate days of the site visits. It was proposed that a memorandum of understanding be signed between UNPFA, USAID and the MOH, outlining the roles and responsibilities of each party in relation to the assistance being provided to the MOH Directorate General of Reproductive Health & Family Planning. It was also agreed that this memorandum should include a specific plan for institutionalizing the current UNFPA-sponsored Family Planning Project as an integrated program within the overall MOH program structure.

FPMD/MSH representative Michael Hall also accompanied the author on most of the site visits. It was agreed that any further activities in Paraguay would be coordinated between FPLM and FPMD, including any future training of MOH personnel. FPMD has been named by USAID/Paraguay as the coordinating agency for all USAID-funded CAs working with the Ministry's family planning program.

The author concluded this technical assistance visit with his participation in the two day USAID Results Package meeting, which outlined objectives and activities for USAID assistance to the Ministry of Health through the year 2000. Agreement was reached at this meeting among the participating CAs and USAID to focus technical assistance efforts on 3-4 priority regions for the next 12-18 months. It is expected that this approach will enable the identification of successful models within the priority regions, and that these models can later be extended nationwide.

Problems Addressed or Identified:

In addition to the specific aspects of the MOH contraceptive logistics system outlined in the attached assessment findings, the major obstacle to the institutionalization and sustainability of the Ministry's family planning program remains the Ministry's reluctance to view the program as an integral part of the Ministry itself. Rather, the family planning program continues to be seen as a UNFPA project separate from other MOH programs. Until this issue can be resolved, any FPLM interventions in Paraguay will have a very limited, short term impact, as they would mainly be directed towards staff that are currently UNFPA, not MOH, employees. This issue was discussed extensively with both UNFPA and USAID representatives, and it was agreed that a specific course of action to address this issue would be jointly developed by the parties involved.

Other Issues or Suggestions:

None.

Follow-up Actions Needed:

Action	Person (s) Responsible	Estimated Completion Date	Location of Work
Complete the analysis and final report of assessment findings.	FPLM Advisor David Papworth	20 Sep 1996	JSI/Denver
Complete FPLM Country Strategic & Evaluation Plan for Paraguay	FPLM Advisors Papworth & Nora Quesada USAID/ Paraguay	15 Nov 1996	JSI/Washington JSI/Denver Asunción, Paraguay
Review recommendations and begin implementation of suggested changes to the MOH LMIS.	Papworth MOH FP Director Dr. Rubén Ortiz	1 Nov 1996	Asunción, Paraguay
Identify appropriate MOH staff to be trained in priority regions.	Papworth MOH FP Director Dr. Rubén Ortiz	1 Nov 1996	Asunción, Paraguay

Principal Contacts:

Dr. Rubén Ortiz, Director, MOH Family Planning Program
 Vidalina Arzamendia, Supervisor, MOH Family Planning Program
 Dr. Cecilia Rivas, Supervisor, MOH Directorate General of Reproductive Health
 Enrique Villalba, USAID/Paraguay, Office of Population
 Barbara Kennedy, USAID Country Representative
 Dr. Hugo Oddone, UNFPA Country Program Officer
 Katica Cekalovic, UNDP/UNFPA Country Representative
 José García Nuñez, UNFPA Regional Technical Assistance Officer
 Dr. Victor Romero, MOH Consultant, UNFPA Family Planning Project
 Michael Hall, FPMD/MSH Paraguay representative

Associated Reports/Written Products Relevant to this Trip:

1. Report on the findings of the assessment and accompanying recommendations.
2. Examples of instruments used in the logistics system assessment.
3. Updated Action Plan for FPLM technical assistance to Paraguay.
4. Schedule of proposed FPLM activities in Paraguay, Oct 96 - Dec 98.

SUPPORT TO THE MINISTRY OF HEALTH IN PARAGUAY

Project Objective	Performance Indicators	Intervention	Responsible Parties	Time Period		
				FSY 96	FSY 97	FSY 98
Forecasting Annual consumption forecasts are prepared, updated and validated without external assistance.	1997 CPTs & forecasting process are introduced to MOH and UNFPA officials with FPLM technical assistance.	Prepare 1997 CPTs jointly with MOH and UNFPA officials. Provide OJT as needed.	FPLM	X		
	1997 forecasts and CPTs are reviewed and validated by MOH and UNFPA officials with FPLM technical assistance.	Provide technical assistance with 1997 forecasts review and CPT preparation.	FPLM		X	
	1998 forecasts and CPTs are prepared by MOH and UNFPA officials with minimal FPLM technical assistance.	Facilitate national forecasting & CPT preparation workshop with MOH central & regional level staff.	FPLM		X	X
	1999 forecasts and CPTs are prepared, reviewed and validated by MOH and UNFPA officials without external technical assistance.	Provide limited technical assistance and OJT with 1998 forecasts and CPT preparation.	FPLM		X	
		Review 1998 CPTs jointly with MOH and UNFPA officials. Provide OJT as needed.	FPLM		X	X
Distribution All levels within the Ministry of Health system are stocked in accordance with established guidelines.	Maximum/Minimum inventory levels are established for all methods and levels within the system.	Train central, regional, and SDP level MOH staff in maximum/minimum inventory control systems.	FPLM, MOH	X	X	
	75% of sampled facilities are stocked within established maximum/minimum levels for at least three methods.	Conduct training impact evaluation/system assessment.	FPLM, MOH		X	X
	75% of sampled facilities have not experienced total stock-outs of any method within the previous six month period.					
	75% of sampled facilities have placed correct orders during the last two ordering periods, utilizing established program guidelines.					

SUPPORT TO THE MINISTRY OF HEALTH IN PARAGUAY

Project Objective	Performance Indicators	Intervention	Responsible Parties	Time Period		
				FSY 96	FSY 97	FSY 98
Warehousing & Storage Conditions and procedures at central, regional and SDP level storage facilities meet acceptable standards for contraceptive commodity issuance and storage, per program guidelines.	By end of CY97, 70% of sampled storage facilities have implemented program standards for proper storage practices, assuming that infrastructural conditions allow implementation.	Train central, regional and SDP level MOH staff in contraceptive storage conditions and practices.	FPLM	X	X	
	By end of CY98, 90% of sampled storage facilities have implemented program standards for proper storage conditions, assuming the MOH makes necessary infrastructure improvements.	Assess storage conditions and infrastructure.	FPLM, MOH		X	
		Review infrastructure assessment.	FPLM, MOH		X	
		Conduct training impact evaluation/system assessment.	FPLM		X	X
Logistics Management Information System The MOH has a functioning and standardized LMIS in place which provides basic logistics data for decision-making.	By end of CY97, 75% of staff at sampled facilities in priority regions utilize LMIS reports or forms which include consumption data, inventory movement and adjustments.	Assess current LMIS system. Design and implement revised system.	FPLM, MOH, FPMD	X		
	By end of CY98, 75% of staff at sampled facilities nationwide utilize LMIS reports or forms which include consumption data, inventory movement and adjustments.	Train central, regional and SDP level staff in use of LMIS forms.	FPLM, FPMD	X	X	
		Monitor LMIS implementation.	FPLM, MOH, FPMD	X	X	X
		Conduct training impact evaluation/system assessment.	FPLM, MOH		X	X

SUPPORT TO THE MINISTRY OF HEALTH IN PARAGUAY

Project Objective	Performance Indicators	Intervention	Responsible Parties	Time Period		
				FSY 96	FSY 97	FSY 98
Organization and Staffing Appropriate MOH staff from central, regional and SDP levels have been trained in Logistics Management.	80% of staff who attend workshops complete training and attain expected level of competency, as defined by MOH and FPLM.	Train MOH staff at central, regional and SDP levels in contraceptive logistics management.	FPLM, MOH	X	X	
		Identify appropriate central and regional level MOH staff and train in provision of logistics refresher training.	FPLM, MOH		X	
		Conduct training impact evaluation/system assessment.	FPLM, MOH		X	X
Effective logistics supervision takes place at all levels in the system.	A supervisory checklist/form is available and used by 80% of sampled MOH staff in priority regions by end of CY97. 75% of sampled MOH facilities receive at least one semi-annual supervisory visit that includes logistics as a program area, by end of CY98.	Assist in development of supervisory checklist/form.	FPLM, FPMD	X		
		Train appropriate MOH staff in supervisory techniques and use of supervisory checklist.	FPLM,FPMD		X	
		Conduct training impact evaluation/system assessment.	FPLM, MOH		X	X

WORKPLAN

October 1996 - December 1998

Intervention	Responsible Parties	Time Frame
Review assessment findings and begin design and implementation of LMIS changes.	Papworth, MOH	October 1996
Identify appropriate MOH staff to be trained in priority regions.	Papworth, MCH	October 1996
Complete Country Strategic and Evaluation Plan	FPLM, USAID, MOH	November 1996
Train MOH staff from central level and priority regions A & B in contraceptive logistics management.	Papworth, FPLM	1st quarter 1997
Train MOH staff from priority regions C & D in contraceptive logistics management.	Papworth, FPLM	2nd quarter 1997
Provide follow up and OJT as necessary to previously trained MOH staff.	Papworth, MOH	3rd quarter 1997
Facilitate national forecasting workshop.	Papworth, FPLM	4th quarter 1997
Conduct interim logistics system assessment/training impact evaluation.	Papworth, MOH	4th quarter 1997
Extend logistics management training nationwide.	Papworth, MOH	1st & 2nd quarters 1998
Provide follow up and OJT as necessary to previously trained MOH staff.	Papworth, MOH	3rd quarter 1998
Facilitate national forecasting workshop.	Papworth, MOH	4th quarter 1998
Conduct final training impact evaluation/system assessment	Papworth, MOH	4th quarter 1998